

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>			
Full Name (Last, First, Middle Initial) of Payee FP1 STRATEGIES LLC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address PO BOX 16504		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 20800.00 </div>	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.030819 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: LOIS CAPPES		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 199310.72 </div>		2012	
Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 21224.91 </div>	
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030820 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 597966.22 </div>		2012	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 42024.91 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 0.00 </div>	
(c) TOTAL Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 42024.91 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>KEITH DAVIS</u>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
[Electronically Filed]		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 09 / 18 / 2012 </div>	